

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

UNITE HERE TIP Campaign Committee

ADDRESS (number and street)

275 7th Avenue 10th Floor

☐Check if different  
than previously  
reported. (ACC)

New York

NY

10001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00004861

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2009

through

01

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Thomas Snyder

Signature of Treasurer

Electronically Filed by Thomas Snyder

Date

02

18

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

UNITE HERE TIP Campaign Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		359934.07
(b) Cash on Hand at Beginning of Reporting Period .....	359934.07	
(c) Total Receipts (from Line 19) .....	78712.28	78712.28
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	438646.35	438646.35
7. Total Disbursements (from Line 31) .....	19205.15	19205.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	419441.20	419441.20
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	28115.71	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

UNITE HERE TIP Campaign Committee

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 9

To:

M M  
0 1D D  
3 1Y Y Y Y  
2 0 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	219.23	219.23
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	78046.50	78046.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	78265.73	78265.73
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	78265.73	78265.73
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	121.77	121.77
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	324.78	324.78
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	78712.28	78712.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	78712.28	78712.28

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	19182.16	19182.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	19182.16	19182.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	22.99	22.99
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19205.15	19205.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19205.15	19205.15

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	78265.73	78265.73
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	78265.73	78265.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19182.16	19182.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	121.77	121.77
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	19060.39	19060.39

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UNITE HERE TIP Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Juliano

Mailing Address 1775 K St. NW Suite 620

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITE HERE Local 1

Occupation

Legislative Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: A2009-2462331

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

John W Wilhelm

Mailing Address 275 7th Avenue

City

New York

State

NY

Zip Code

10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITE HERE

Occupation

President-Hospitality Industry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.69

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: A2009-2462896

Amount of Each Receipt this Period

69.23

**SUBTOTAL** of Receipts This Page (optional) .....

219.23

**TOTAL** This Period (last page this line number only) .....

219.23

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

UNITE HERE TIP Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Vanguard Bank Investment Group

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2009

☐ Primary ☐ General☒ Other (specify) ▼

Aggregate Year-to-Date ▼

324.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	9

Transaction ID: A7519

Amount of Each Receipt this Period

324.78

Investment Income January  
2009

SUBTOTAL of Receipts This Page (optional) .....

324.78

TOTAL This Period (last page this line number only) .....

324.78

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITE HERE TIP Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

ML Associates LLC Inc.

Mailing Address 8581 Santa Monica Blvd. #504

City  
West HollywoodState  
CAZip Code  
90069Purpose of Disbursement  
Bookkeeping

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Not Applicable

Transaction ID: B246018

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Amount of Each Disbursement this Period

239.17

**B.**

Full Name (Last, First, Middle Initial)

ML Associates LLC Inc.

Mailing Address 8581 Santa Monica Blvd. #504

City  
West HollywoodState  
CAZip Code  
90069Purpose of Disbursement  
Bookkeeping

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Not Applicable

Transaction ID: B246019

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	9

Amount of Each Disbursement this Period

128.02

**C.**

Full Name (Last, First, Middle Initial)

Arizona Secretary of State

Mailing Address 1700 West Washington Street

City  
PhoenixState  
AZZip Code  
85007Purpose of Disbursement  
Standing Cmte Registration Fee

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: AZ District:

Not Applicable

Transaction ID: B244398

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

617.19

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

UNITE HERE TIP Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Amalgamated Bank

Mailing Address 275 Seventh Avenue 11th Floor

City  
New York

State  
NY

Zip Code  
10001

Purpose of Disbursement  
1120-POL 2008 Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: NY

District:

Disbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

Transaction ID: B244399

Date of Disbursement

MM / DD / YYYY  
01 / 09 / 2009

Amount of Each Disbursement this Period

18446.41

SUBTOTAL of Disbursements This Page (optional) .....

18446.41

TOTAL This Period (last page this line number only) .....

19063.60

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 10 / 14

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

UNITE HERE TIP Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
National Car RentalNature of Debt (Purpose):  
Car Rental for Union Camp-  
aign Workers

Mailing Address PO Box 402334

City State ZIP Code  
Alberta GA 30384

Outstanding Balance Beginning This Period

6924.43

Transaction ID: B233577a

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6924.43

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
National Car RentalNature of Debt (Purpose):  
Car Rental for Canvass Wo-  
rkers

Mailing Address PO Box 402334

City State ZIP Code  
Alberta GA 30384

Outstanding Balance Beginning This Period

1309.53

Transaction ID: B237724a

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1309.53

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Extended Stay AmericaNature of Debt (Purpose):  
Hotel Expenses for Canvass  
Workers

Mailing Address 9795 Gateway Drive

City State ZIP Code  
Reno NV 89521

Outstanding Balance Beginning This Period

30.72

Transaction ID: B237966a

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30.72

1) **SUBTOTALS** This Period This Page (optional).....

8264.68

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 11 / 14

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

UNITE HERE TIP Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
National Car RentalNature of Debt (Purpose):  
Car Rental for Canvass Wo-  
rkers

Mailing Address PO Box 402334

City State ZIP Code  
Alberta GA 30384

Outstanding Balance Beginning This Period

1018.56

Transaction ID: B239120a

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1018.56

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Extended Stay AmericaNature of Debt (Purpose):  
Hotel Expenses for Canvas-  
sers

Mailing Address PO Box 2467

City State ZIP Code  
Spartanburg SC 29304

Outstanding Balance Beginning This Period

637.28

Transaction ID: B239733a

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

637.28

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Extended Stay AmericaNature of Debt (Purpose):  
Hotel Expenses for Canvas-  
sers

Mailing Address PO Box 2467

City State ZIP Code  
Spartanburg SC 29304

Outstanding Balance Beginning This Period

6020.42

Transaction ID: B240457a

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6020.42

**1) SUBTOTALS** This Period This Page (optional).....

7676.26

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 12 / 14

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

UNITE HERE TIP Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 National Car Rental

 Nature of Debt (Purpose):  
 Car Rental for Canvassers

Mailing Address PO Box 402334

City	State	ZIP Code
Alberta	GA	30384

Outstanding Balance Beginning This Period

177.30

Transaction ID: B240842a

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

177.30

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Diners Club

 Nature of Debt (Purpose):  
 Airfare for Canvassers on  
 Southwest

Mailing Address PO Box 6935

City	State	ZIP Code
The Lakes	NV	88901

Outstanding Balance Beginning This Period

2567.50

Transaction ID: B240853a

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2567.50

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 National Car Rental

 Nature of Debt (Purpose):  
 Car Rental for Canvassers

Mailing Address PO Box 402334

City	State	ZIP Code
Alberta	GA	30384

Outstanding Balance Beginning This Period

3955.94

Transaction ID: B240854a

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3955.94

1) **SUBTOTALS** This Period This Page (optional).....

6700.74

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 / 14

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

UNITE HERE TIP Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
National Car RentalNature of Debt (Purpose):  
Car Rental for Canvassers

Mailing Address PO Box 402334

City State ZIP Code  
Alberta GA 30384

Outstanding Balance Beginning This Period

671.85

Transaction ID: B240967a

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

671.85

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Diners ClubNature of Debt (Purpose):  
Airfare for Canvassers on  
Southwest

Mailing Address PO Box 6935

City State ZIP Code  
The Lakes NV 88901

Outstanding Balance Beginning This Period

2222.00

Transaction ID: B240969a

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2222.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Extended Stay AmericaNature of Debt (Purpose):  
Hotel Expenses for Canvas-  
sers

Mailing Address PO Box 2467

City State ZIP Code  
Spartanburg SC 29304

Outstanding Balance Beginning This Period

2580.18

Transaction ID: B240985a

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2580.18

**1) SUBTOTALS** This Period This Page (optional).....

5474.03

**2) TOTALS** This Period (last page this line number only).....

28115.71

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

28115.71

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 14 / 14

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) UNITE HERE TIP Campaign Committee			<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00004861</div>		
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee Alma E Soto			Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 0 8</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>		
Mailing Address 464 S Lucas Ave Ste 201			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">22.99</div>		
City Los Angeles		State CA	Zip Code 90017		
Purpose of Expenditure Cell Phone Reimbursement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama			<b>Transaction ID:</b> B244397 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential		
			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
			<input type="checkbox"/> Other (specify) : _____ 2008		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">22.99</div>		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">22.99</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">22.99</div>
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>	
Thomas Snyder _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>